

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE			
						APPLICANT(S)		09/787972			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1	/						51		/		/
2		/					52		/		/
3		/					53		/		/
4		/					54		/		/
5		/					55		/		/
6		/					56	/	/		/
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8		/					58		/		/
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12		/					62	/	/		/
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27		/					77	/	/		/
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36		/					86		/		/
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38		/					88		/		/
39		/					89		/		/
40		/					90		/		/
41		/					91	/	/		/
42		/					92		/		/
43	/	/					93		/		/
44		/					94	/	/		/
45		/					95		/		/
46	/	/					96		/		/
47		/					97		/		/
48		/					98	/	/		/
49		/					99		/		/
50		/					100		/		/
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

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